

04/15/2015 14:53 RECEIVED 05/05/2015 14:46 17186363943  
1718-266-7478 BROOKLYN SOUTH

TVB ADMINISTRATION  
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MV-984 (12/11)



New York State Department of Motor Vehicles

DIVISION OF LABOR RELATIONS

# REPORT OF WORKPLACE VIOLENCE INCIDENT

Please fill out the form as accurately as possible and fax it to the Division of Field Investigation at (518) 474-7543 **AND** Labor Relations at (518) 474-8423. If the incident is a written threat, please include a copy of the letter with this report. Originals should be maintained in a workplace violence report folder at the primary office that the reporter works in.

OFFICE USE ONLY	
FILE NUMBER:	
Received:	
X RE:	
X RE:	
PRIVACY CONCERN:	<input type="checkbox"/> YES <input type="checkbox"/> NO

## NAME OF INDIVIDUAL FILING REPORT

Name Danielle Calvo	Title Supervisor Gr 17	Office Location Brooklyn South TVB	Phone Number 718-266-5512
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## INCIDENT REPORTED TO

Date Reported 5/5/15	Person Reported To Alan Gelbstein	Title Senior ALJ
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## INCIDENT

Date 5/5/15	Time 11:45	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Location of Occurrence Lawyer's room
DFI Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	DFI Contact Name		

## EMPLOYEES INVOLVED

Name Alan Gelbstein	Title Senior ALJ
Name Danielle Calvo	Title Supervisor Grade 17
Name	Title

## OUTSIDE INDIVIDUALS INVOLVED

Name Mario H. Capogrosso (attorney)	Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Phone 914-806-3692	Client ID #
Address 245 Saw Mill River Road Suite 106	City Hawthorne	State NY	Zip Code 10532
Name M. Sadiq Tahir (attorney)	Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Phone 718-313-7994	Client ID #
Address 3087 Brighton 4th Street #2M	City Brooklyn	State NY	Zip Code 11235
Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone	Client ID #
Address	City	State	Zip Code

## WITNESSES

Name Kimberly Rivers (MVR)	Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Phone 718-266-5512 (work)	Client ID #
Address 2875 West 8th Street (work address)	City Brooklyn	State NY	Zip Code 11224
Name Marisol Cervoni	Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Phone 718-266-5512 (work)	Client ID #
Address 2875 West 8th Street (work address)	City Brooklyn	State NY	Zip Code 11224
Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone	Client ID #
Address	City	State	Zip Code

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EXHIBIT

Exhibit 32

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BROOKLYN SOUTH

IVS ADMINISTRATION

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**Description of Events Leading to the Incident and What Occured:**

I went to the lawyer's room when I heard Mr. Capogrosso screaming "don't touch my stuff". I told him that he needed to stop yelling, that we could not have this here and at that time after repeating myself, Mr. Capogrosso stopped. This caused a disruption of the office to both the motorists and the staff. I then went to report what happened to Judge Gelbstein and then we both went back to the lawyer's room to speak to Mr. Capogrosso and Mr. Tahir. Mr. Capogrosso started raising his voice that he does not want anyone touching his belongings and kept insisting we watch our video tapes. Mr. Capogrosso alleges that Mr. Tahir touched his bag.

**Nature and Extent of Injuries:****Additional Comments:**Danielle Galvo

Name of Individual Filing Report

[Signature]

Signature of Individual Filing Report

5/5/15

Date

JEAN FLANAGAN

Name of Supervisor

[Signature]

Signature of Supervisor

5/5/15

Date